

Judicial Bench Card			
Fetal	Alcohol	Spectrum	Disorders

Adverse outcomes from alcohol use during pregnancy

In the United States about 50% of pregnancies have some alcohol exposure. In most cases women find out they are pregnant and quit drinking. However, around 12% of women drink during pregnancy and 4-5% drink throughout pregnancy. Most of these women also smoke and many have other problematic life circumstances (other substance abuse, smoking, poor diet, late or no prenatal care).

The United States has about 40,000 new cases of fetal alcohol spectrum disorders (FASD) each year. For most affected people the primary problem from prenatal alcohol exposure is brain damage/dysfunction. For most people this will result in lifelong impairments which will change in response to age and development.

Fetal Alcohol Spectrum Disorders Comprised of four diagnostic categories

Fetal Alcohol Syndrome (FAS)

- Growth Impairments (height and weight < 3d)
- Abnormal Facial Features (2+)
- Brain Damage/Dysfunction
- Thought to result from prenatal alcohol exposure

Alcohol Related Birth Defects (ARBD)

- Birth defects thought to be due to prenatal alcohol exposure.
- Not commonly diagnosed
- Prevalence is as yet unknown

Partial Fetal Alcohol Syndrome (pFAS)

- Missing one or two key findings
- Prenatal Alcohol Exposure

Alcohol Related Neurodevelopmental Disorder (ARND)

- The primary features are brain damage /dysfunction (developmental delays, mental illness or cognitive impairments) thought to result from prenatal alcohol exposure.
- Most common FASD
- Often undiagnosed
- Changes across the lifespan

Judicial officers often see people with prenatal alcohol exposure and FASD should be a frequent consideration.

Mortality

People with FASD have increased mortality rates. Mortality risk is also increased for siblings (even if they do not have a diagnosis of FASD). Mortality rates are also increased for mothers of cases and siblings.

Miscarriage, stillbirth, sudden infant death syndrome (SIDS), birth defects, infectious illness other causes.

Prevalence

1% live births
Highly recurrent in families
Some families FASD is generational
Most affected people are undiagnosed

Cost of Care

US lifetime cost is \$2.5 million per person
Service systems most impacted are health care, foster care, education/special education, developmental disabilities, mental health systems, corrections systems and substance abuse systems.
Annual cost in US \$3.4 billion.

Outcomes

Manifestation of FASD changes over lifespan.
A two year old is at low risk for a substance abuse disorder, but adolescents are at very high risk.
Low rates of independent living
In Canada a juvenile with FASD is 14 times more likely to be in Corrections System than unaffected peer.

Every day in the United States we have 120 new cases. FASD has an exceptional recurrence rate and younger siblings tend to be the most severely affected. Diagnosis matters and appropriate services improve outcomes.

Actions from the Bench

Systems-Level Actions

- Make prenatal alcohol exposure (PAE) screening* a regular component of child welfare cases.
- Assess the community's diagnostic capacity.
- Assess interventions and treatment facilities for facilities that have appropriate training on, and services for, FASD.
- Train systems of care personnel on FASD and work to expand the community's capacity to screen, diagnose and provide interventions for affected persons.

Case-Level Actions

- Screen all children for PAE.
- Refer children with PAE for FASD assessments.
- If positive, refer child for developmentally appropriate and proactive treatment. Follow up on service utilization in subsequent hearings.
- If positive, screen siblings and parents.
- Pick placements carefully. Placements should be safe, stable and loving homes with caregivers willing to adopt if reunification fails.
- Tailor affected parent's case plans to meet their developmental needs.

*To learn more about prenatal alcohol exposure (PAE), please see the PAE Judicial Bench Card.